



**Maine Department of Public Safety
Office of the State Fire Marshal
52 State House Station
Augusta, Maine 04333-0052**

(207) 626-3880 Telephone
(207) 287-6251 Fax
<http://www.maine.gov/dps/fmo/index.htm>

**Application for a Permit for
Aboveground Storage of
Flammable and Combustible Liquids**

Requirements for aboveground storage of flammable and combustible liquids are in Title 25 MRSA §2481, et seq., 16-219 CMR Chapter 34 Rules and Regulations for Flammable and Combustible Liquids, NFPA 30 Flammable and Combustible Liquids Code, NFPA 30-A Code for Motor Fuel Dispensing Facilities and Repair Garages, and NFPA 385 Standard for Tank Vehicles for Flammable and Combustible Liquids.

The application fee, \$15 per site, must be submitted with the application.

The permit must be issued before any action to construct the facility is taken. Submit Construction Plans including a Site Plan and an Elevation Plan (end and side views) prepared specifically for this installation with this application. Any changes to the plans and specifications submitted with this application must be approved by the Office of the State Fire Marshal prior to their implementation and a copy of the "As Built" plans must be submitted if the original plans and specifications were changed. The facility must be constructed according to the plans and specifications approved by the Office of the State Fire Marshal.

The Office of the State Fire Marshal will submit this application to the Maine Department of Environmental Protection to determine compliance with the Wellhead Protection requirements of Title 38 MRSA §1391 prior to its review of the application.

Facility:

Facility Name:		DEP Registration #:
Physical Address:		DEP Registration date:
City:		County:
Contact:	Telephone:	Email:

Owner of Tank:

Name:		
Mailing Address:		
City:	State:	Zip/Postal Code:
Contact:	Telephone:	Email:

Permit will be issued to "Owner of Tank" as shown above.

Operator of Tank: ☐ Same as Owner of Tank

Name:		
Mailing Address:		
City:	State:	Zip/Postal Code:
Contact:	Telephone:	Email:

For Office Use Only:
Permit # _____
Date Issued: _____
Action: <input type="checkbox"/> Approved per Plan <input type="checkbox"/> Approved per Plan & Inspection <input type="checkbox"/> Denied
By: _____
Date: _____
DEP Wellhead Protection: <input type="checkbox"/> Exempt <input type="checkbox"/> Complies <input type="checkbox"/> Does Not Comply <input type="checkbox"/> May Be Made To Comply <input type="checkbox"/> Waiver Requested
Fee: Amount: \$ _____
Date Rcd: _____
Check #: _____

Type of Application:

- ☐ New Aboveground Storage Facility (No existing permit)
- ☐ Change of facility (**Attach copy of existing permit**)
- ☐ Add tank(s)
- ☐ Replace tank(s)
- ☐ Remove tank(s)
- ☐ Change Product(s)
- ☐ Change of Ownership (**Attach copy of existing permit**)
- ☐ Note changes and corrections to a copy of the existing permit, and submit the changes, corrections, and copy of the existing permit with the application.

DEP Wellhead Protection:

Section A-1

If you answer "Yes" to any of the following questions, your facility is exempt from the siting restrictions.

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the tank facility installed before September 30, 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Will the facility be used solely to store heating oil that is consumed on site , not resold? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the facility replacing an aboveground oil storage facility that was installed before September 30, 2008 that is on the same property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the facility replacing or expanding an underground oil storage facility that was registered on or before September 30, 2008 and is presently on the same property? |
- If "Yes" enter the DEP Registration Number: _____

Section A-2

If you answered "No" to all the questions in A-1, complete this section.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Will any portion of the facility be installed <u>after</u> September 30, 2008?
(If "No", Section A-2 does not apply to the tank(s) you are installing.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Will any portion of the facility be located within 300 feet of a private well or water supply?
(This does not include a private well located on the same lot as the facility and serving only users living on that property.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Will any portion of the facility be located within the source water protection area of a public drinking water well mapped by the Department of Human Services or within 1000 feet of a public water well, whichever is greater?
Maps of source water protection areas are available on the internet at www.maine.gov/dhs/eng/water/index.htm . Public water supplies are defined as any well or water supply where water is obtained, sold, furnished, or distributed to the public for human consumption.
The well or water supply must meet one or more of the following requirements to be a public water supply: <ul style="list-style-type: none"> • Serves more than 15 connections, OR • Regularly Serves at least 25 individuals daily for at least 60 days of the year, OR • Provides bottled water for sale where the water is pumped from on site. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the well or water supply serve a school or community water supply system?
(A school is an institution for the formal classroom instruction of children in grades k-12. A community water system is a public water system that serves at least 15 service connections used by year-round residents or regularly serves at least 25 year-round residents.) |

If the answer to #2 or #4 above is "Yes", a new aboveground oil storage facility may not be installed unless the applicant proves there is no hydrogeologic connection between the proposed facility and the water supply at issue. Contact DEP at (207) 287-2651 to obtain information on the procedures to follow to determine if a hydrogeologic connection exists.

If the answer to #3 is "Yes" and the answer to #4 is "No", then a **variance from the siting restriction** may be granted upon written application to DEP if DEP determines that the proposed installation is designed to exceed minimum regulatory requirements and will effectively minimize releases of oil and the likelihood of drinking water contamination. **Contact DEP for an application for a variance.**

For questions about the siting law, please call David McCaskill or George Seel at (207) 287-2651 or visit the DEP Drinking Water Protection website: www.maine.gov/dep/rwm/drinkingwater/index.htm

Capacity of Facility

Total Capacity of Facility: _____ US Gallons

Plans and Specifications must be certified by a Professional Engineer if Total Capacity of the Facility is greater than 1320 gallons.

Use of Facility:

- | | |
|--|--|
| <input type="checkbox"/> Wholesale Oil (Bulk Plant) | <input type="checkbox"/> Chemical Storage |
| <input type="checkbox"/> Retail Oil (Service Station, Convenience Store, Marina, Airport, et c.) | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Private Fueling | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Federal Facility |
| <input type="checkbox"/> Multiple Family Dwelling (including nursing home) | <input type="checkbox"/> State Facility |
| <input type="checkbox"/> Public Facilities (including Place of Assembly) | <input type="checkbox"/> Town or School Facility |

Facility: _____ Town: _____ Application Date: _____

Tank # _____ Page 1 of 2, Set _____ of _____ (Use separate set for each tank)

Tank Information:

Owner of Tank:		Owner Start Date:	
Operator of Tank:		Operator Start Date:	
Use of Tank: <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Public Fueling <input type="checkbox"/> Private Fueling <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Equipment Supply (Specify): <input type="checkbox"/> Container Storage <input type="checkbox"/> Fuel Production Facility <input type="checkbox"/> Other (Specify):</div><div style="width: 50%;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Automotive <input type="checkbox"/> Aviation <input type="checkbox"/> Marina <input type="checkbox"/> Equipment <input type="checkbox"/> Other: _____</div><div><input type="checkbox"/> Automotive <input type="checkbox"/> Aviation <input type="checkbox"/> Marina <input type="checkbox"/> Equipment <input type="checkbox"/> Other:</div></div></div></div>			
Nominal Capacity: US Gallons		Manufacturer of Tank:	
Tank Material: <input type="checkbox"/> Steel <input type="checkbox"/> Other (Specify):			
Tank Listing: <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> UL 80 <input type="checkbox"/> UL 142 <input type="checkbox"/> UL 142 with Secondary Containment</div><div style="width: 50%;"><input type="checkbox"/> UL 2080 Protected Tank <input type="checkbox"/> UL 2085 Fire Resistant Tank <input type="checkbox"/> UL 2085 Tank in Vault <input type="checkbox"/> Other (Specify):</div></div>			
Orientation of Tank: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical			
Weather Protection: <input type="checkbox"/> Inside a building Submit plans and specifications for the building with this application! (More than 50% of wall space is enclosed. Building must comply with NFPA 30 4.3.4 and referenced publications) <input type="checkbox"/> Roof with walls (Less than 50% of wall space is enclosed.) <input type="checkbox"/> Roof Only <input type="checkbox"/> None			
Vault <input type="checkbox"/> Yes <input type="checkbox"/> No Is the tank in a vault? (A concrete dike is NOT a vault.) <input type="checkbox"/> Yes <input type="checkbox"/> No If the tank is in a vault, is the vault listed? If the vault is listed, specify the listing:			
Type of Secondary Containment: <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Double Wall Tank <input type="checkbox"/> Dike, Concrete <input type="checkbox"/> Dike, Earth with Impervious Lining</div><div style="width: 50%;"><input type="checkbox"/> Dike, Metal <input type="checkbox"/> Remote Impoundment <input type="checkbox"/> None</div></div> Capacity of Dike or Remote Impoundment: US Gallons			
Flood Zone <input type="checkbox"/> Yes <input type="checkbox"/> No Is the tank in a flood zone?			
Collision Protection: <input type="checkbox"/> Barricades <input type="checkbox"/> Bollards <input type="checkbox"/> Other (Specify):			
Security: <input type="checkbox"/> Chain Link Fence Enclosure, no less than 6 feet high, 10 feet from tank. <input type="checkbox"/> Entire property is fenced. <input type="checkbox"/> Other (Specify):			
Distance from tank to: <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><p>Nearest Important Building: _____ No less than 25 feet</p><p>Property Lines: _____ No less than 25 feet</p><p>Nearest Side of a Public Way: _____ No less than 25 feet</p><p>Opposite Side of a Public Way: _____ No less than 25 feet</p></div><div style="width: 50%;"><p>Other Tanks: _____ No Less than 3 feet</p><p>Dispensers: _____ <input type="checkbox"/> Public Fueling No less than 50 feet <input type="checkbox"/> Private Fueling <input type="checkbox"/> Tank Mounted</p><p>Propane Storage _____ No less than 20 feet</p></div></div>			
Leak Detection: <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Automatic Tank Gauge <input type="checkbox"/> Electronic/Vapor <input type="checkbox"/> Statistical Inventory Analysis</div><div style="width: 33%;"><input type="checkbox"/> Electronic/Ground Water <input type="checkbox"/> Groundwater Sampling <input type="checkbox"/> None</div><div style="width: 33%;"><input type="checkbox"/> Electronic/Secondary Containment <input type="checkbox"/> Manual Monitoring/Secondary Containment <input type="checkbox"/> Other (specify):</div></div>			

Facility: _____ Town: _____ Application Date: _____

Tank # _____ Page 2 of 2, Set _____ of _____

Chamber Information:

	Chamber 1	Chamber 2	Chamber 3
Capacity	US Gallons	US Gallons	US Gallons
Product Use generic name, not trade name.	<input type="checkbox"/> Alcohol <input type="checkbox"/> Antifreeze <input type="checkbox"/> Asphalt <input type="checkbox"/> Biodiesel B-1 B-74 <input type="checkbox"/> Biodiesel B-75 B-99 <input type="checkbox"/> Biodiesel B-100 <input type="checkbox"/> Crude Oil <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> #2 Fuel <input type="checkbox"/> Gasoline, Aviation <input type="checkbox"/> Gasoline, Leaded <input type="checkbox"/> Gasoline, Plus <input type="checkbox"/> Gasoline, Premium <input type="checkbox"/> Gasoline, Regular <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Motor Oil <input type="checkbox"/> Vegetable Oil <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Alcohol <input type="checkbox"/> Antifreeze <input type="checkbox"/> Asphalt <input type="checkbox"/> Biodiesel B-1 B-74 <input type="checkbox"/> Biodiesel B-75 B-99 <input type="checkbox"/> Biodiesel B-100 <input type="checkbox"/> Crude Oil <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> #2 Fuel <input type="checkbox"/> Gasoline, Aviation <input type="checkbox"/> Gasoline, Leaded <input type="checkbox"/> Gasoline, Plus <input type="checkbox"/> Gasoline, Premium <input type="checkbox"/> Gasoline, Regular <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Motor Oil <input type="checkbox"/> Vegetable Oil <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Alcohol <input type="checkbox"/> Antifreeze <input type="checkbox"/> Asphalt <input type="checkbox"/> Biodiesel B-1 B-74 <input type="checkbox"/> Biodiesel B-75 B-99 <input type="checkbox"/> Biodiesel B-100 <input type="checkbox"/> Crude Oil <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> #2 Fuel <input type="checkbox"/> Gasoline, Aviation <input type="checkbox"/> Gasoline, Leaded <input type="checkbox"/> Gasoline, Plus <input type="checkbox"/> Gasoline, Premium <input type="checkbox"/> Gasoline, Regular <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Motor Oil <input type="checkbox"/> Vegetable Oil <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (Specify):
Marking: Product Name Hazard Classification "No Smoking"	<input type="checkbox"/> Flammable <input type="checkbox"/> Combustible <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Flammable <input type="checkbox"/> Combustible <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Flammable <input type="checkbox"/> Combustible <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Product Under Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal Vent (size & Type) Class IA normally Closed Class IB, IC normally closed or flame arrestor			
Normal Vent, Height above ground Class I No less than 12 feet above ground			
Emergency Vent (size & type)			
Type of Overfill Protection	<input type="checkbox"/> Level Gauge <input type="checkbox"/> Vent Whistle <input type="checkbox"/> Drop Tube <input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical <input type="checkbox"/> Mech + Elect <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Level Gauge <input type="checkbox"/> Vent Whistle <input type="checkbox"/> Drop Tube <input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical <input type="checkbox"/> Mech + Elect <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Level Gauge <input type="checkbox"/> Vent Whistle <input type="checkbox"/> Drop Tube <input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical <input type="checkbox"/> Mech + Elect <input type="checkbox"/> None <input type="checkbox"/>
Does the Fill Pipe Terminate within 6" of the bottom of the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Pump	<input type="checkbox"/> Pressure <input type="checkbox"/> Suction <input type="checkbox"/>	<input type="checkbox"/> Pressure <input type="checkbox"/> Suction <input type="checkbox"/>	<input type="checkbox"/> Pressure <input type="checkbox"/> Suction <input type="checkbox"/>

Piping Information:

Is any of the piping underground?

☐ Yes ☐ No

Piping Material:

☐ Steel ☐ Other (specify): _____

Leak Detection for Piping:

☐ Automatic Tank Gauge

☐ Electronic/Ground Water

☐ Electronic/Secondary Containment

☐ Electronic/Vapor

☐ Groundwater Sampling

☐ Manual Monitoring/Secondary Containment

☐ Statistical Inventory Analysis

☐ None

☐ Other (specify): _____

Site Plan

Show the Location of All of the Following on this Plan:		Show the Distance from the Tanks to the following on this plan:	Indicate NORTH With arrow
<input type="checkbox"/> Tanks and Dikes	<input type="checkbox"/> Electrical Controls and Equipment	<input type="checkbox"/> Buildings	
<input type="checkbox"/> Buildings	<input type="checkbox"/> Emergency Electrical Shut Off	<input type="checkbox"/> Property Lines	
<input type="checkbox"/> Property Lines	<input type="checkbox"/> Fire Extinguishing Equipment	<input type="checkbox"/> Public Ways	
<input type="checkbox"/> Public Ways	<input type="checkbox"/> Sump Leak Detection Equipment	<input type="checkbox"/> Other Tanks	
<input type="checkbox"/> Dispensers	<input type="checkbox"/> Loading & Unloading Piping	<input type="checkbox"/> Dispensers	
<input type="checkbox"/> Propane Storage		<input type="checkbox"/> Propane Storage	
<input type="checkbox"/> Security Features			
<input type="checkbox"/> Collision Protection			

Elevation Plan (Side and End Views)

Show All of the Following on this Diagram:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Base Material | <input type="checkbox"/> Emergency Vents | <input type="checkbox"/> Loading Dock | <input type="checkbox"/> Marking |
| <input type="checkbox"/> Ground & Foundation | <input type="checkbox"/> Primary Chamber(s) | <input type="checkbox"/> Vehicle Containment | <input type="checkbox"/> Product Name |
| <input type="checkbox"/> Secondary Containment | <input type="checkbox"/> Type and Size | <input type="checkbox"/> Bonding Connection | <input type="checkbox"/> Hazard Classification |
| <input type="checkbox"/> Construction Material | <input type="checkbox"/> Interstitial Space | <input type="checkbox"/> Self-Closing Valves | <input type="checkbox"/> Flammable |
| <input type="checkbox"/> Inside Dimensions and Capacity | <input type="checkbox"/> Type and Size | <input type="checkbox"/> Protection | <input type="checkbox"/> Combustible |
| <input type="checkbox"/> Drain & Valve | <input type="checkbox"/> Piping | <input type="checkbox"/> Fire Extinguishing Equipment | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Tanks | <input type="checkbox"/> Pipe Routing | <input type="checkbox"/> From Collision | <input type="checkbox"/> NFPA 704 |
| <input type="checkbox"/> Tank Supports | <input type="checkbox"/> Piping Connections | <input type="checkbox"/> From Flooding | <input type="checkbox"/> DOT Placard |
| <input type="checkbox"/> Normal Vents | <input type="checkbox"/> Valves | <input type="checkbox"/> From Tampering | <input type="checkbox"/> Color Code |
| <input type="checkbox"/> Type and Size | <input type="checkbox"/> Solenoids | <input type="checkbox"/> Electrical Equipment | <input type="checkbox"/> On Tanks |
| <input type="checkbox"/> Height Above Ground | <input type="checkbox"/> Break-Away Device | <input type="checkbox"/> Emergency Disconnects | <input type="checkbox"/> On Piping |
| <input type="checkbox"/> Supports | <input type="checkbox"/> Supports | | |